10 117010 Application or Docket Number 05882-00 64-NP1501

PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2003

Linective October 1, 2005								上				
			(Column 1)		(Column 2)			SMALL E		OR		R THAN ENTITY
TOTAL CLAIMS			45	41		•		TE	FEE	7	RATE	, FEE
FOR			NUMBER FILED		NUMBER EXTRA		BAS	C FEI	385.00	OR	BASIC FEE	770.00
TOTAL CHARGEABLE CLAIMS			# minus 20=		· 25		XS	9=		OR	X\$18=	450.
INDEPENDENT CLAIMS			minus 3 =			8	X	X43=		OR	X86=	688
М	ULTIPLE DEPE	NDENT CLAIM F	RESENT				1	5=		OR	+290=	
• #	the differenc	e in column 1 is	less than a	ero, enter	"0" in	column 2	TO		 	OR	TOTAL	1908
, CLAIMS AS AMENDED - PART II									<u> </u>]~	OTHER	
3-1-66 (Column 1)				(Colun	ທ 2)	(Column 3)	SM	ALL!	ENTITY	OR	SMALL	
AMENDMENT A	2/2/00	CLAIMS REMAINING AFTER AMENOMENT		HIGH NUME PREVIO PAID F	BER USLY	PRESENT EXTRA	RA	re	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total .	. 25	Minus	- 5	4	• /	·xs	9=		OR	X\$18=	
BE	Independent	. 5	Mirrus	/	/	•	X4:	L		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						1		•	1	+290=	
1 10 18 29 36 31.32 33 37 43)= TAL		OR	TOTAL	
4 4 (Column 1) (Column 2) (Column 2)								FEE		OR,	ADDIT. FEE	
		(Column 1) CLAIMS		(Colum		(Column 3)			ADDI-) f		ADDI-
AMENDMENT B		REMAINING AFTER AMENDMENT		PREVIO	USLY	PRESENT EXTRA	RAT	Ε	TIONAL		RATE	TIONAL
	Total	· 235	Mimus	-5	7		XS S	=		OR	X\$18=	٠
AWE	Independent	. 6	Minus	 /	/	-	X43	=		OR	X86=	
<u>ت</u>	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=		OR	+290=	
							TO ADDIT. I	W.		OR	TOTAL DOIT, FEE	
	(Column 1) (Column 2) (Column 3)									•		
ENTC		CLAIMS REMAINING AFTER AMERIOMENT		HIGHE NUMBI PREVIOL PAID FI	ST ER ISLY	PRESENT EXTRA	RATI	- 1-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	*			XS 9	.		OR	X\$18=	
AMENDMEN		•	Minus	***		•	X43:	:†			X86=	
	FURST PRESE	NTATION OF MU	LTIPLE DEF	ENDENT (MIAL		+145	十		OR		
• #	* If the entry in column 1 is loss than the entry in column 2, write "O" in column 3.								(OR	+290=	
	the "High at Nur the "Highest Nur	nber Previously Pai aber Pr. viously Pai ber Previously Paid	d For IN THE Id For IN THE	S SPACE IN I	ess than ass than	20, enter "20."	ADDIT. F	EE L	·		TOTAL DOTT. FEEL rnn 1.	